

# St. Johnsbury Health District

## 2012 Behavioral Risk Factor Surveillance System Data

*Guidance • Support • Prevention • Protection*

VDH – Public Health Statistics  
May 2014

 **VERMONT**  
**DEPARTMENT OF HEALTH**

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## What is the Behavioral Risk Factor Surveillance System or BRFSS?

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey conducted annually among adults 18 and older. The Vermont BRFSS is conducted by the Vermont Department of Health (VDH) in collaboration with the Centers for Disease Control and Prevention (CDC). All U.S. states, Washington D.C. and several U.S. territories participate in the survey.

Typically between 6,000 and 7,000 Vermont adults are interviewed as part of the Vermont BRFSS each year. Vermont residents ages 18 and older are eligible for the survey. A Vermont resident is defined as someone living in the state for at least 30 days in a given calendar year. Adults living in institutions such as nursing homes, group homes, or prisons are not eligible for the survey.

The BRFSS survey includes questions on chronic disease prevalence (e.g. asthma diagnosis), risk behaviors (e.g. currently smoke), demographics (e.g. age, gender, race), health care access (e.g. have health insurance), and preventive behaviors and health screening (e.g. routine visits to a doctor or colorectal cancer screening).

Additional information can be found on the VDH and CDC websites:

- <http://healthvermont.gov/research/brfss.aspx>
- <http://www.cdc.gov/brfss/>

A report summarizing the 2012 statewide results from the Vermont BRFSS can also be found on the VDH website:

[http://healthvermont.gov/research/brfss/documents/summary\\_brfss\\_2012.pdf](http://healthvermont.gov/research/brfss/documents/summary_brfss_2012.pdf)

### Recent Changes to BRFSS Methodology

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. Population weights are now calculated using iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using smaller sample sizes, adjusts for more demographic variables, and incorporates cell phone interview data into estimates.

While these adjustments make the calculations more representative of the population, the changes in methodology also limit the ability to compare 2011 results to previous years. VDH's Center for Health Statistics recommends that comparisons between 2011 BRFSS data and earlier years be made with caution. Statistical differences between 2011 and earlier years may be due to methodological changes, rather than changes in opinion or behavior.

## Demographics of St. Johnsbury Health District\*

The next few pages describe the demographic makeup of St. Johnsbury area adults in 2011-2012.

More than half of St. Johnsbury adults are female. Two-thirds of adult St. Johnsbury residents are 25-64, with one in five ages 65 and older.

- St. Johnsbury residents are a similar age distribution to Vermont adults overall.

Less than a quarter of St. Johnsbury area adults has a college degree or higher.

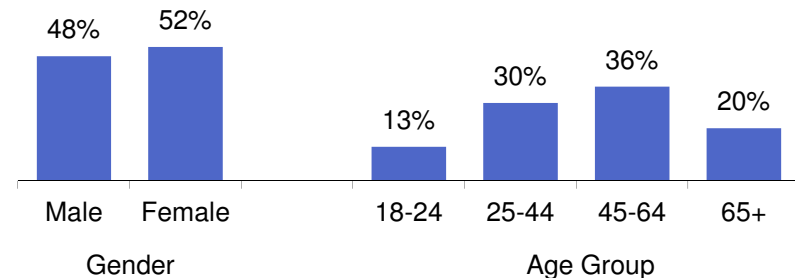
- St. Johnsbury adults are significantly less likely than Vermont adults overall to have a college degree or higher (23% vs. 31%) and more likely to have a high school degree or less (48% vs. 41%).

About a third of St. Johnsbury adults lives in a home making \$50,000 or more annually, a significantly lower rate than that among Vermont adults (35% vs. 47%).

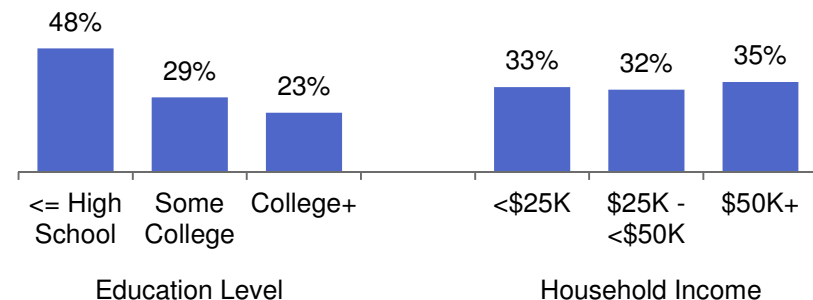
- St. Johnsbury adults are also significantly more likely than Vermont adults overall to live in homes making less than \$25,000 per year (33% vs. 26%).

Three percent of adults in the St. Johnsbury area report being a racial or ethnic minority. This is statistically similar to the five percent reported among Vermont adults overall.

**St. Johnsbury Residents  
by Gender and Age**



**St. Johnsbury Residents  
by Socio-Economic Status**



\*See page 27 for a list of the towns included in the St. Johnsbury Health District.



## Demographics of St. Johnsbury Health District

Almost two-thirds of St. Johnsbury adult residents are currently employed, while more than one in seven is retired. Less than ten percent each said they are a student or homemaker, unable to work, or unemployed.

- St. Johnsbury adults reported a similar employment distribution to Vermont overall.

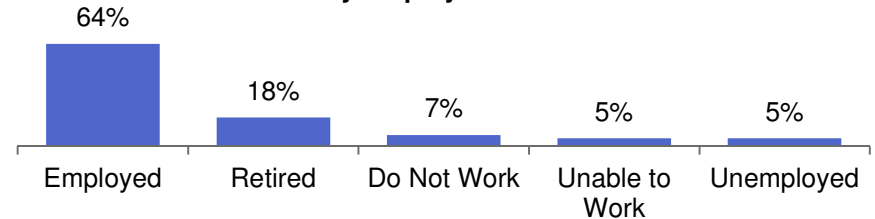
More than half of St. Johnsbury adults are married. About one in six have never married and fourteen percent are divorced. Less than ten percent each are widowed or part of an unmarried couple.

- Adults in the St. Johnsbury area reported similar rates by marital status, as compared with Vermont adults overall.

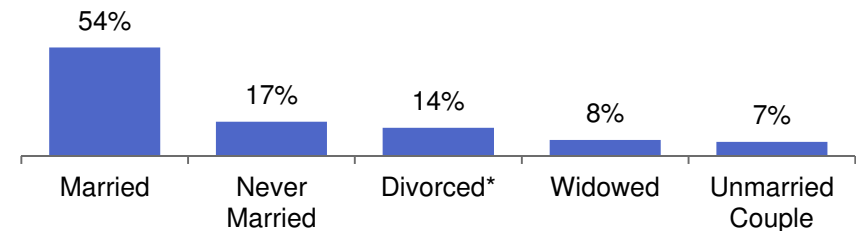
About two-thirds of adults in the St. Johnsbury area said there are no children less than 18 in their home. Nine percent reported having three or more children.

- The number of children in the home reported by St. Johnsbury area adults was similar to that for Vermont overall.

**St. Johnsbury Residents  
by Employment Status**

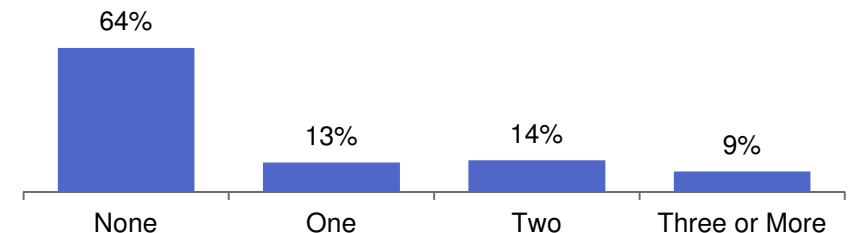


**St. Johnsbury Residents  
by Marital Status**



\*Includes those who reported their marital status as divorced or separated.

**St. Johnsbury Residents  
by Children in Household**

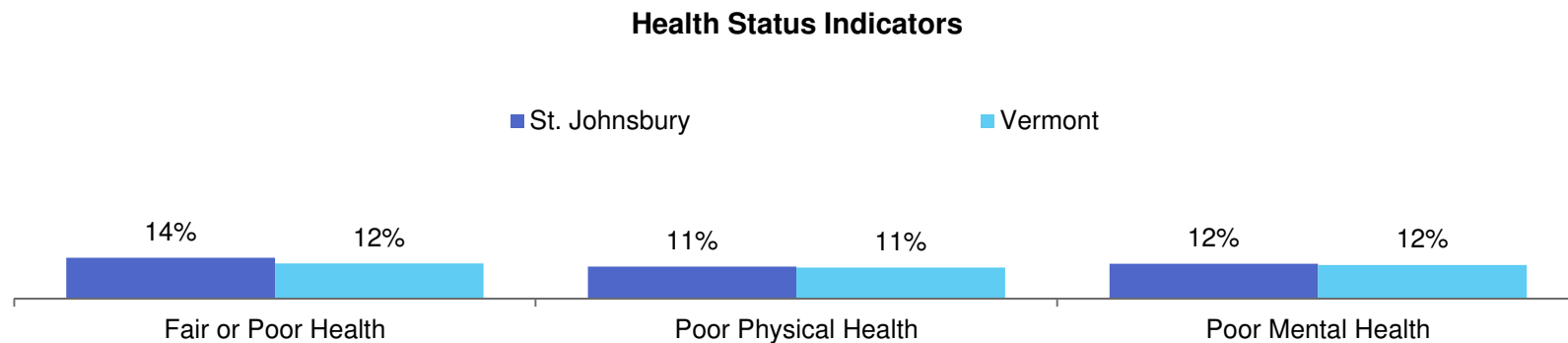


## Health Status Indicators

In 2011-2012, one in seven St. Johnsbury area adults reported being in fair or poor general health. One in nine reported having poor physical health, while one in eight said they had poor mental health.

- Poor mental and physical health were defined as 14 or more days of poor mental/physical health in the last month.

There are no statistically significant differences in health status, regardless of the measure, when comparing St. Johnsbury area adults and Vermont adults overall.



# Health Status Indicators

Rates of fair or poor general health, poor physical health and poor mental health do not differ significantly by gender, among St. Johnsbury area adults.

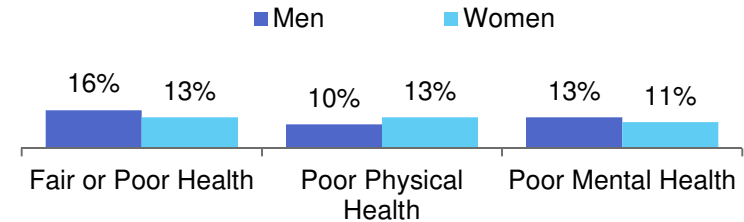
Among St. Johnsbury adults, reported fair or poor general health and poor physical health increase with age.

- Adults 65 and older are significantly more likely to report fair or poor general health compared with those 18-44 (22% vs. 9%).
- There are no statistical differences in poor physical or poor mental health by age.

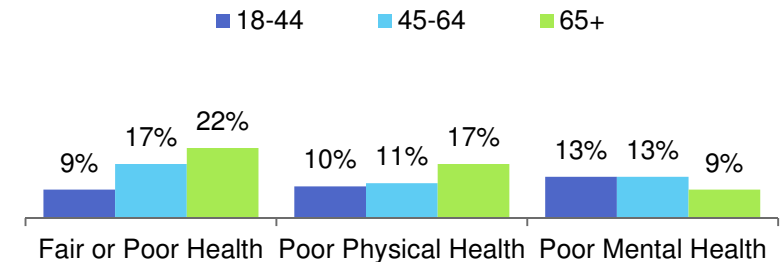
Poor health, regardless of the indicator, decreases with increasing annual household incomes.

- Adults in homes making less than \$25,000 per year are significantly more likely to report fair or poor general health and poor mental health than those in homes making \$25,000 or more.
- Those in homes making \$25,000 or less annually are also significantly more likely to report poor physical health than those making \$50,000 or more (19% vs. 4%).

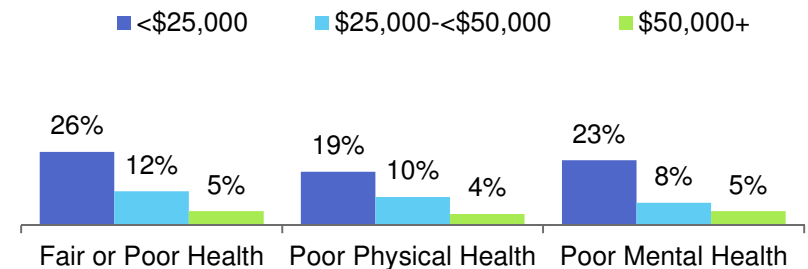
**Health Status Indicators by Gender  
St. Johnsbury Adults**



**Health Status Indicators by Age**



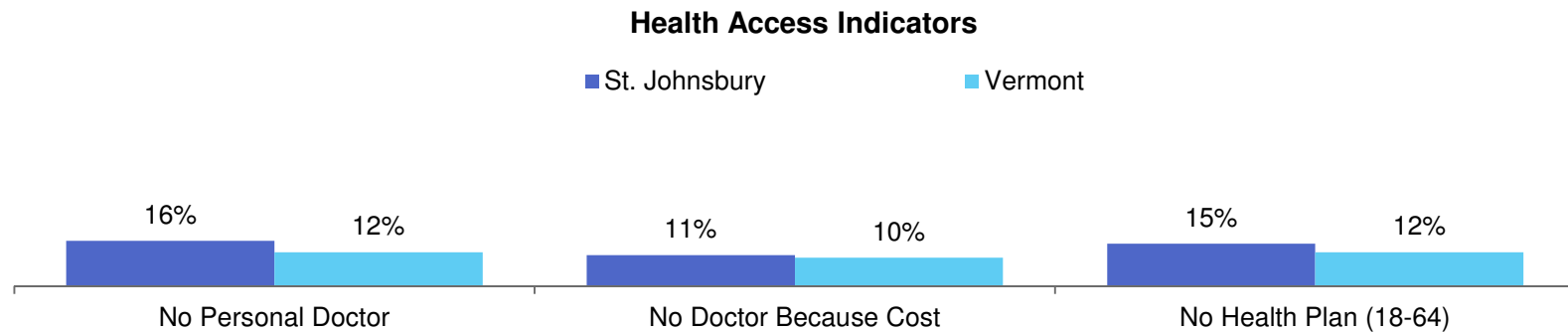
**Health Status Indicators by Income Level**



## Health Access Indicators

In 2011-2012, one in six adults in the St. Johnsbury area said they do not have a personal doctor for health care. One in nine said they needed care in the last year but did not seek it due to the cost. Among St. Johnsbury area adults ages 18-64, 15% said they do not have health insurance.

There are no differences in health care access, regardless of the measure, when comparing St. Johnsbury area adults and Vermonters overall.





# Health Access Indicators

There are no statistical differences by gender in poor health access, regardless of the measure, among St. Johnsbury area adults.

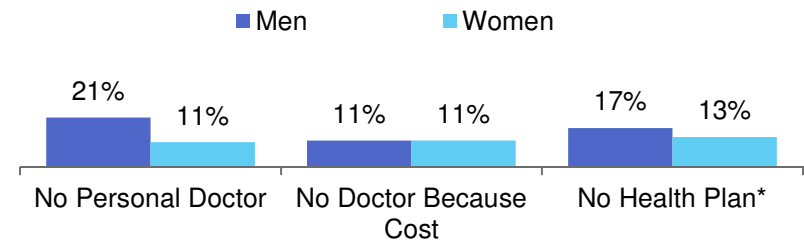
Poor health care access decreases with increasing age.

- All differences by age are significant for not having a personal doctor.
- There are no differences by age in delaying care due to cost.
- Adults 18-44 are also significantly more likely than those 45-64 to report not having a health plan (21% vs. 8%).

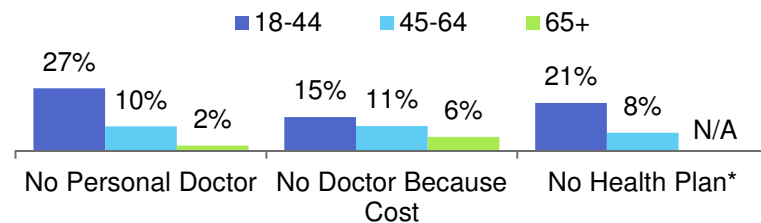
Adults in the St. Johnsbury area who live in homes making \$50,000 or more annually are significantly less likely to report not having a health plan, compared with those in homes with less income.

There are no statistical differences by annual household income level among St. Johnsbury adults reporting not having a personal care provider and delaying care due to cost.

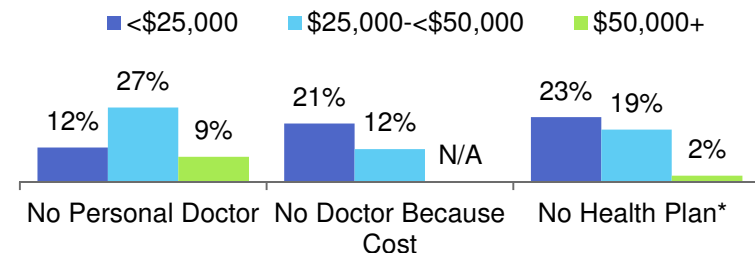
**Health Access Indicators by Gender  
St. Johnsbury Adults**



**Health Access Indicators by Age**



**Health Access Indicators by Income Level**



\*Limited to adults 18-64.

## Disability

Less than a quarter of Vermont adults reported having a disability (21%) in 2012, which is similar to the 25% reported among adults in the St. Johnsbury area.

- Disability was defined as having activity limitations due to physical, emotional or mental problems OR any health problem that requires use of special equipment.

Men and women in the St. Johnsbury area report being disabled at statistically similar rates.

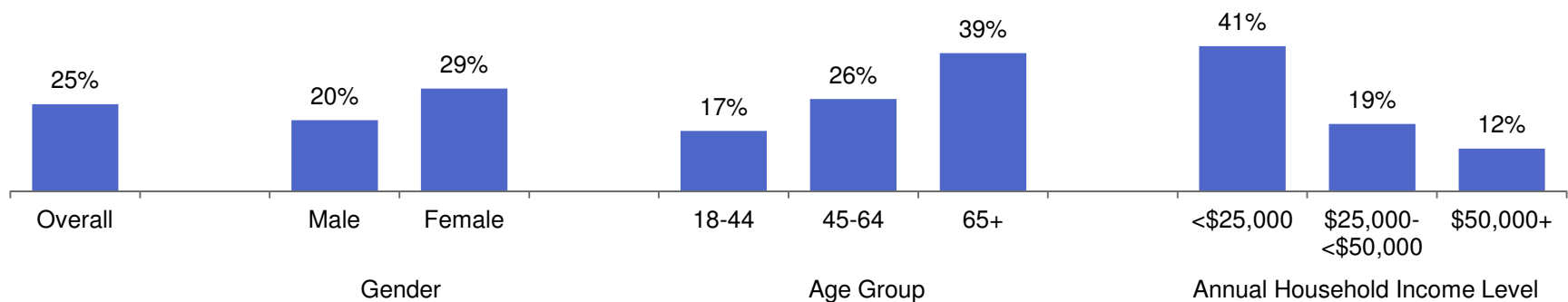
Reported disability among St. Johnsbury adults increases with increasing age.

- Adults 65 and older are significantly more likely to report a disability than those 18-64.

St. Johnsbury area adults with lower annual household incomes are more likely to be disabled.

- Adults in homes making less than \$25,000 are significantly more likely to be disabled than those in homes with more income.

**Disability, Overall and by Sub-groups  
St. Johnsbury Adults**



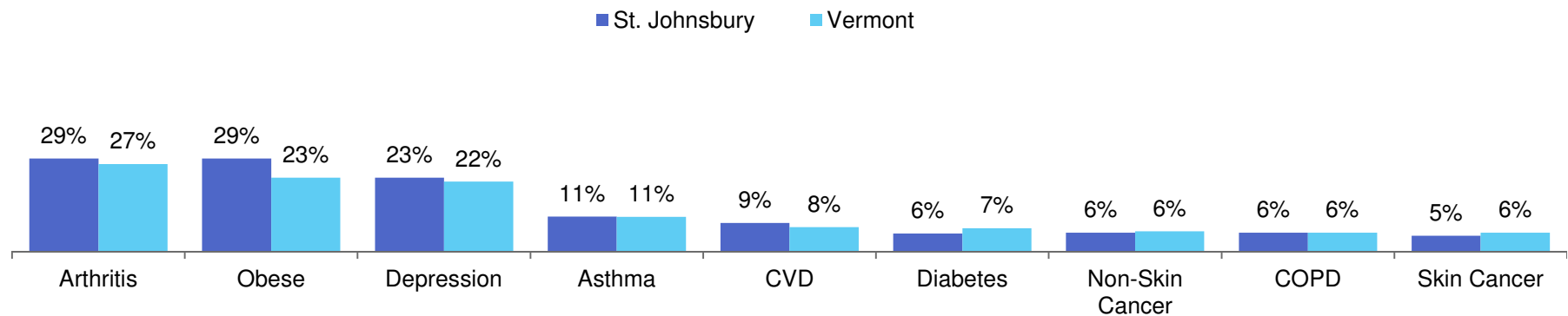
## Chronic Conditions

About three in ten St. Johnsbury adults each reported having arthritis or obesity. Less than a quarter said they have ever been diagnosed with a depressive disorder.

One in nine adults reported having asthma. Less than one in ten reported ever being diagnosed with each any of the following chronic conditions: cardiovascular disease (CVD), diabetes, a non-skin cancer, chronic obstructive pulmonary disease (COPD), and skin cancer.

There are no statistical differences in any chronic disease prevalence among St. Johnsbury area adults compared with Vermont adults overall.

**Prevalence of Selected Chronic Conditions**



CVD = cardiovascular disease

Obesity data is limited to adults 20 and older and is age-adjusted to the U.S. 2000 population.

## Chronic Conditions

Diagnoses of a depressive disorder and asthma are both significantly higher among women, compared to men, in the St. Johnsbury area.

- More than a third of women have been diagnosed with a depressive disorder compared with 10% of men.
- One in six women have asthma, compared with six percent of men.

Arthritis prevalence among St. Johnsbury adults increases with increasing age.

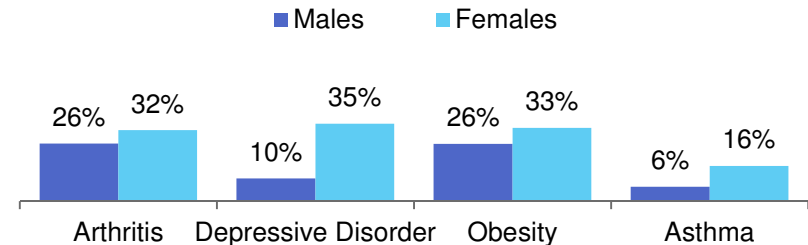
- All differences by age are statistically significant.

There are no differences in depressive disorders, obesity, and asthma by age.

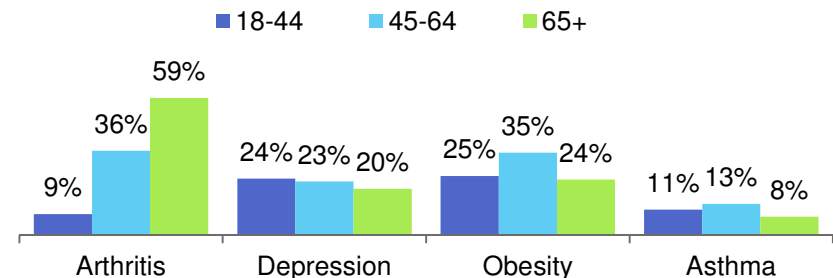
The prevalence of arthritis, depressive disorders, obesity, and asthma among St. Johnsbury adults all decrease as reported annual household income increases.

- Prevalence of arthritis and depressive disorders are significantly lower among those in homes making more than \$50,000 compared to those in homes making less than \$25,000.
- Adults in homes making \$50,000 or more annually are also significantly more likely to report being obese compared with those in homes with less than \$50,000 in annual income.
- There are no differences in asthma prevalence by annual household income level.

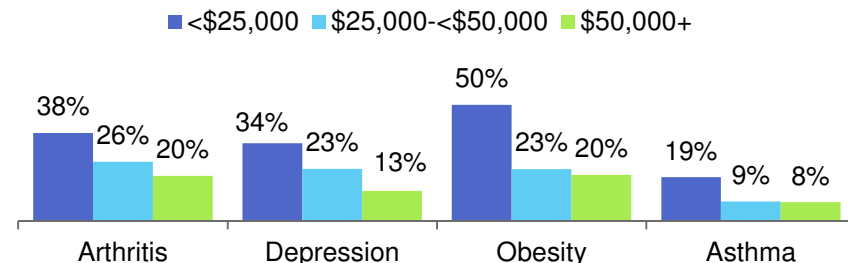
**Chronic Conditions by Gender  
St. Johnsbury Adults**



**Chronic Conditions by Age**



**Chronic Conditions by Income Level**



Note: Obesity data are for adults 20 and older and, except that by age, are age adjusted to U.S. 2000 standard population.

## Chronic Conditions

There are no statistically significant differences by gender for the prevalence of cardiovascular disease, diabetes, and COPD.

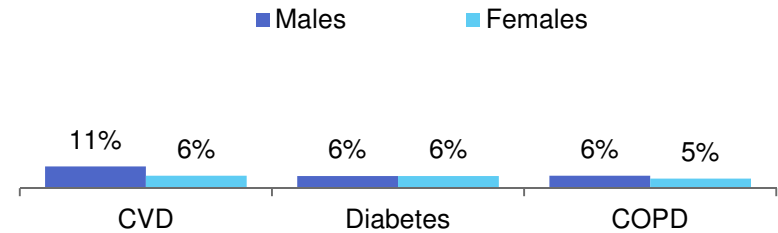
Reported cardiovascular disease, diabetes and COPD among St. Johnsbury area adults all increase as age increases.

- St. Johnsbury adults 65 and older are significantly more likely to report cardiovascular disease and diabetes than those 45-64.
- There are no statistical differences in COPD prevalence by age.

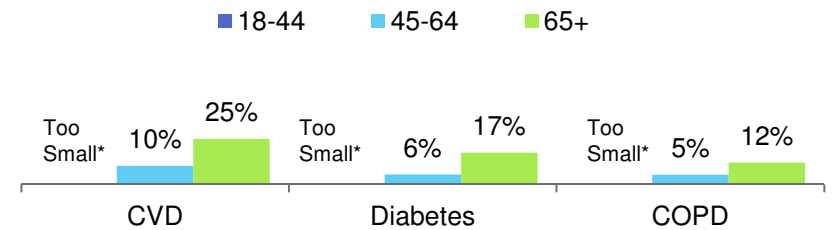
St. Johnsbury area adults living in homes with less income are more likely to say they have a cardiovascular disease, diabetes, and COPD.

- Those in homes making less than \$25,000 per year are significantly more likely than those in homes making \$50,000 or more to report having diabetes (10% vs. 3%).
- There are no statistical differences by annual income level in the prevalence of COPD and cardiovascular disease.

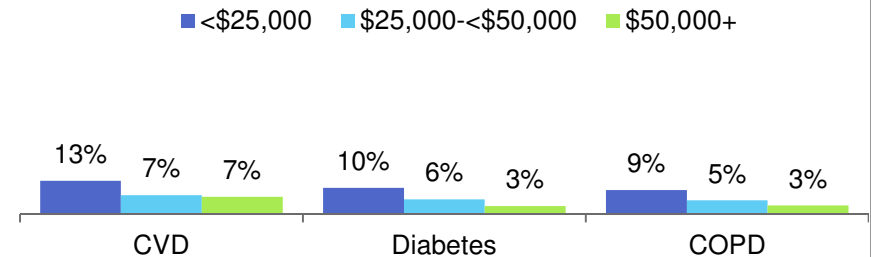
**Chronic Conditions by Gender  
St. Johnsbury Adults**



**Chronic Conditions by Age**



**Chronic Conditions by Income Level**



\*Sample size is too small to report

## Chronic Conditions

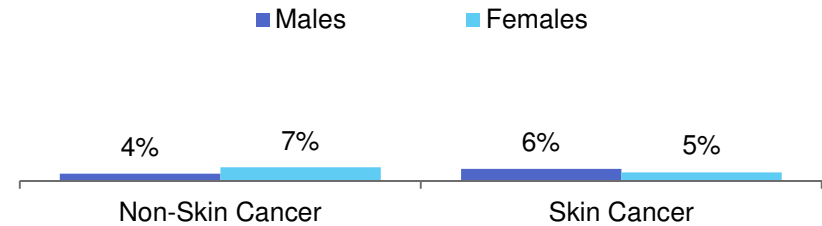
There are no statistical differences in the prevalence of non-skin cancer or skin cancer by gender among St. Johnsbury area adults.

Older adults in the St. Johnsbury area are more likely to report skin and non-skin cancers than younger adults.

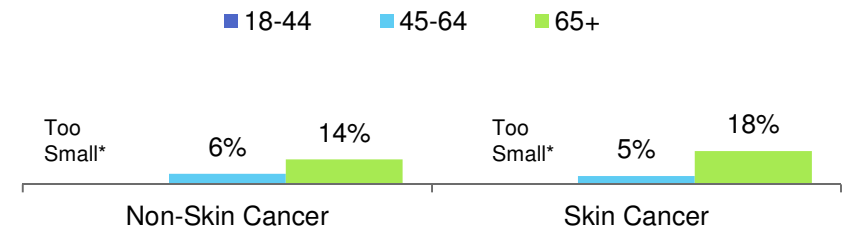
- Adults 65 and older are significantly more likely to report ever having skin cancer than those 45-64 (18% vs. 5%).
- Differences in non-skin cancer prevalence by age are not statistically significant.

There are no statistical differences in the prevalence of non-skin cancer or skin cancer by annual household income level.

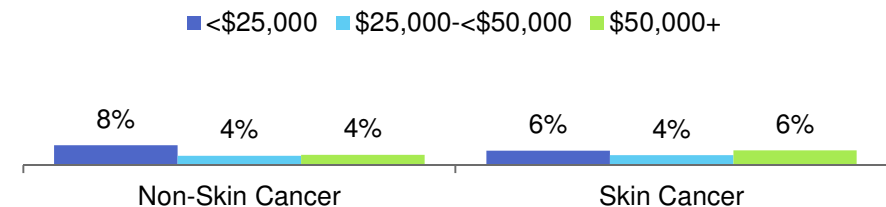
**Chronic Conditions by Gender  
St. Johnsbury Adults**



**Chronic Conditions by Age**



**Chronic Conditions by Income Level**



\*Sample size is too small to report



## Risk Behaviors

In 2011-2012, two in ten St. Johnsbury adults said they currently smoke. Among smokers, 62% had tried to quit in the last year.

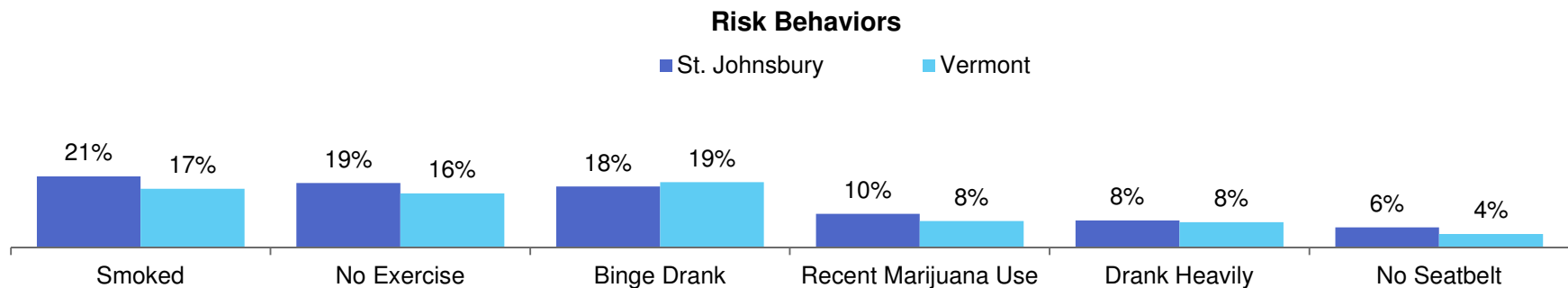
Nineteen percent of St. Johnsbury adults also reported they did not participate in any physical activity during the previous month.

More than one in six adults binge drank in the last month, while one in twelve heavily drank.

- Binge drinking was defined as five or more drinks in one sitting for men and four or more drinks for women. Heavy drinking was defined as more than two drinks per day for men and more than one for women.

One in ten St. Johnsbury adults said they used marijuana in the last month and six percent said they seldom or never wear a seatbelt.

There are no statistical differences between St. Johnsbury area adults and Vermont adults overall for any risk behavior measures.



Note: Smoking and exercise data are age adjusted to the U.S. 2000 standard population

## Risk Behaviors

There are no statistically significant differences among St. Johnsbury area adults in smoking and not participating in physical activity by gender.

Among adults in the St. Johnsbury area, smoking rates decrease with increasing age.

- Compared to those 18-64, adults 65 and older are significantly less likely to currently smoke.

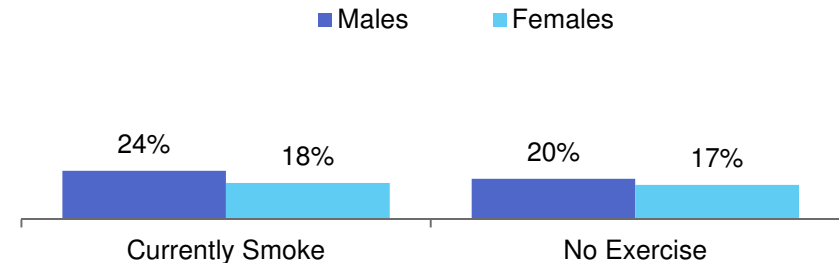
Conversely, not participating in physical activity increases with increasing age.

- Adults 65 and older are significantly more likely to not participate in leisure time physical activity than those 18-44 (27% vs. 14%).

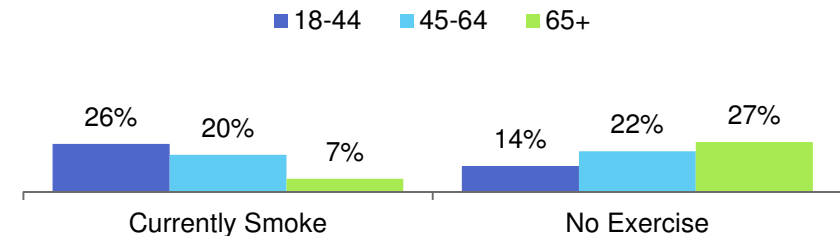
St. Johnsbury area adults in homes with more income are less likely to currently smoke and not participate in physical activity.

- Adults in homes making \$50,000 or more are significantly less likely to smoke than those in homes with less income.
- Not participating in physical activity does not differ significantly by annual household income level.

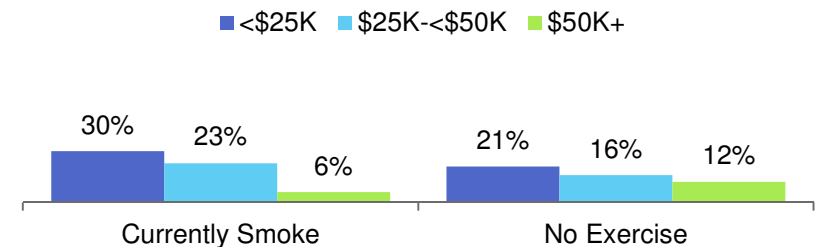
**Risk Behaviors by Gender  
St. Johnsbury Adults**



**Risk Behaviors by Age**



**Risk Behaviors by Income Level**



Note: Smoking and physical activity data, except that by age, are age-adjusted to the U.S. 2000 population.

## Risk Behaviors

There are no statistical differences by gender in the prevalence of binge drinking, heavy drinking and recent marijuana use, among St. Johnsbury adults.

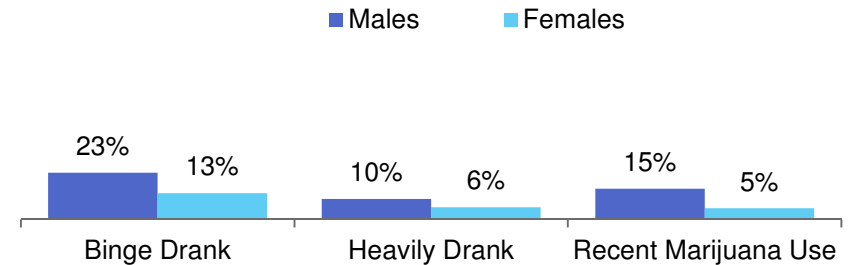
Younger adults in the St. Johnsbury area have the highest rates of binge drinking, heavy drinking and marijuana use.

- Adults 18-44 are significantly more likely to report binge drinking than those 45 and older.
- Differences in heavy drinking and recent marijuana use are not statistically significant.

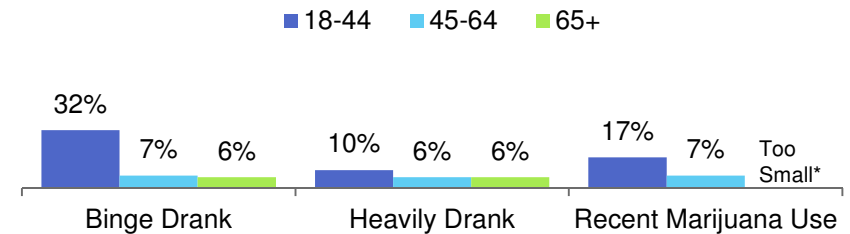
In the St. Johnsbury area, adults in homes making \$25,000 to \$49,999 annually are significantly more likely than those in homes making less than \$25,000 to heavily drink.

There are no differences in binge drinking or recent marijuana use by annual household income.

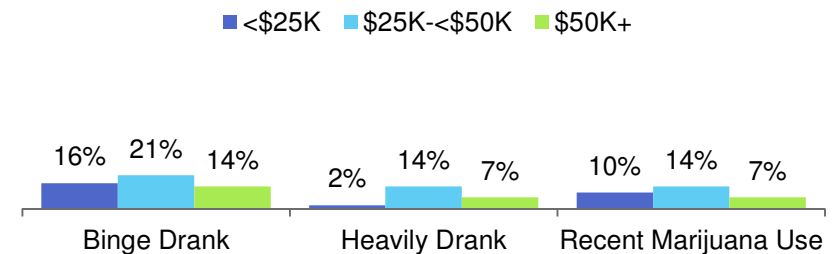
**Risk Behaviors by Gender  
St. Johnsbury Adults**



**Risk Behaviors by Age**



**Risk Behaviors by Income Level**



\*Sample size is too small to report

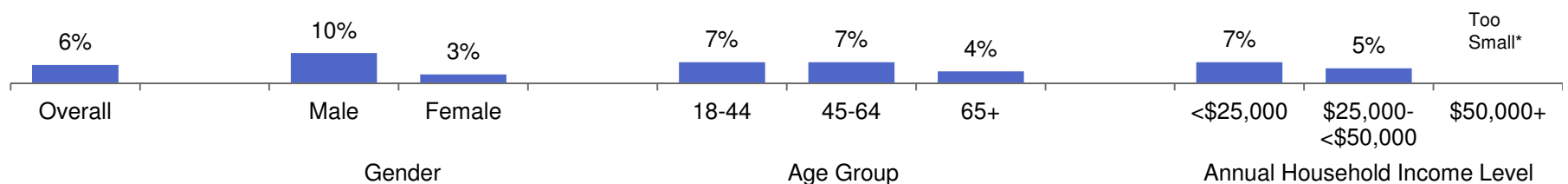
## Risk Behaviors

Overall, one in fifteen adults in the St. Johnsbury area said they seldom or never wear a seatbelt when riding or driving in a car. This is statistically similar to the four percent of Vermont adults who reported the same.

St. Johnsbury area men are significantly more likely than women to never or seldom wear a seatbelt when riding or driving a car (10% vs. 3%).

Adult use of seatbelts in the St. Johnsbury area does not differ by age or annual household income level.

**Seldom or Never Wear Seatbelt, Overall and by Sub-groups  
St. Johnsbury Adults**

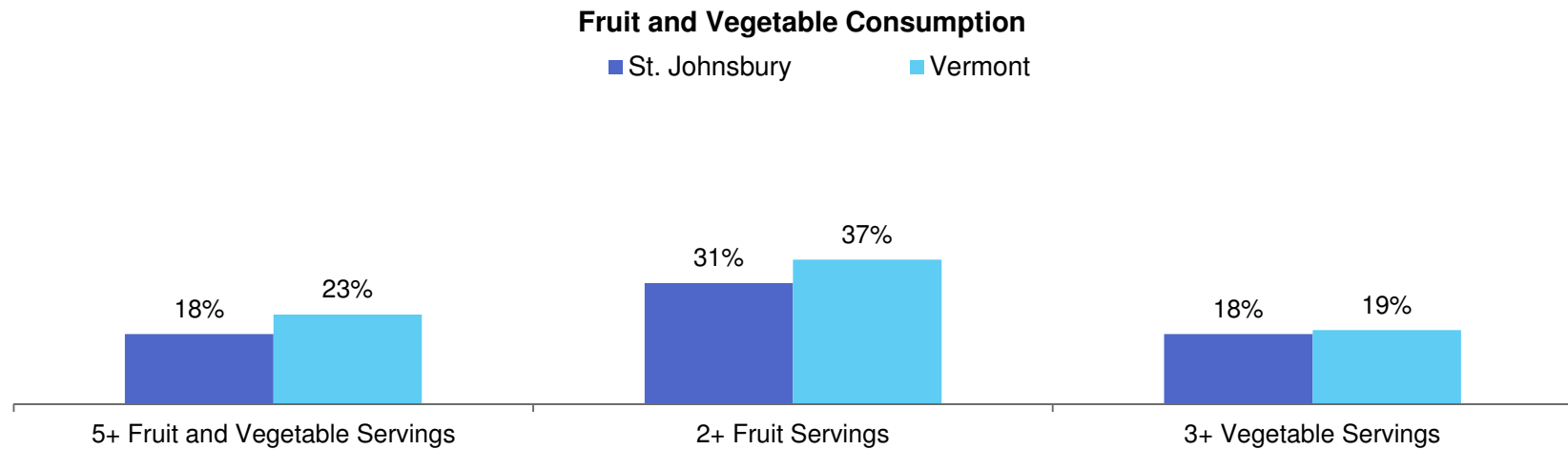


\*Sample size is too small to report

## Preventive Behaviors

In 2011, about one in six St. Johnsbury area adults reported eating the recommended five or more fruit and vegetable servings per day. Nearly four in ten ate two or more fruits and 18% reported eating three or more vegetable servings.

St. Johnsbury area adult consumption of fruits and vegetables was statistically similar to that among Vermont adults overall.



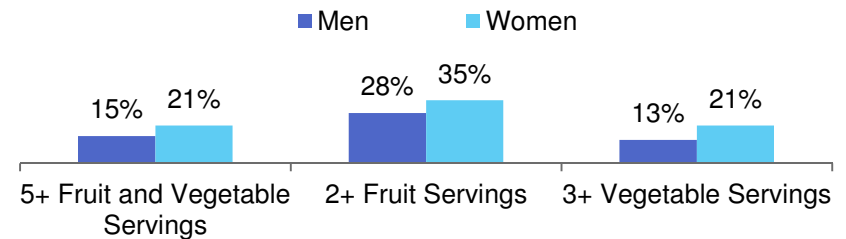
## Preventive Behaviors

There are no statistical differences in fruit and vegetable consumption by gender and age, among St. Johnsbury adults.

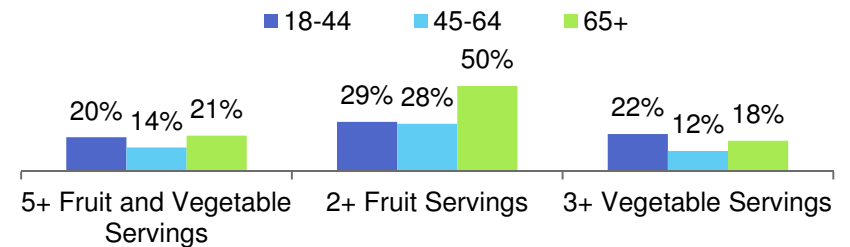
Consumption of fruits and vegetables among St. Johnsbury adults is highest among those with more annual household income.

- Adults in homes making \$25,000 to \$49,999 annually are significantly more likely than those with less income to report eating five or more fruit and vegetable servings daily (31% vs. 8%)
- Those in homes making \$50,000 or more per year are significantly more likely than those making less than \$25,000 to report eating two or more fruits per day (41% vs. 18%).
- There are no statistical differences in the consumption of vegetables by annual household income level.

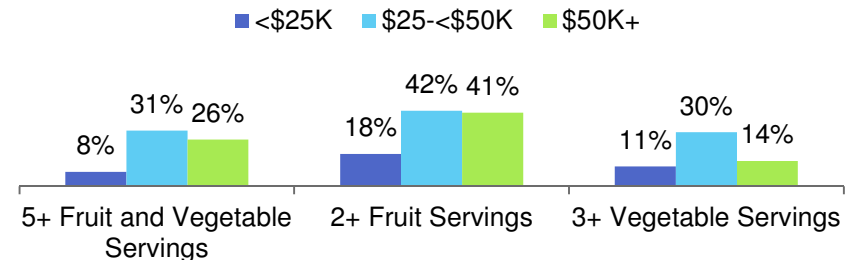
**Preventive Behaviors by Gender  
St. Johnsbury Adults**



**Preventive Behaviors by Age**



**Preventive Behaviors by Income Level**



Note: Fruit and vegetable data, except that by age are age adjusted to the U.S. 2000 standard population.



## Preventive Behaviors

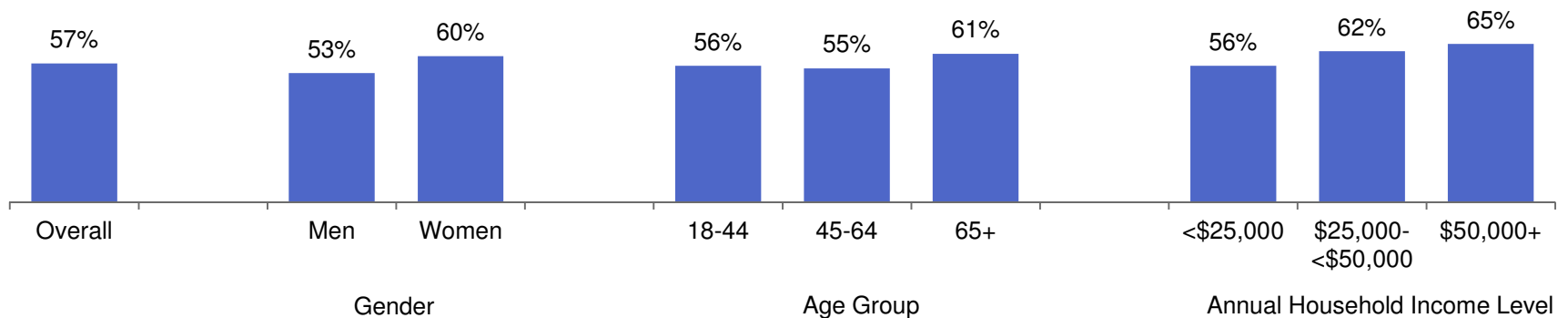
In 2011, about six in ten (59%) Vermont adults reported meeting physical activity recommendations\*. This is similar to the 57% reported among St. Johnsbury area adults.

Men and women in the St. Johnsbury area reported meeting physical activity recommendations at statistically similar rates, 53% for men and 60% for women.

Among St. Johnsbury adults, there are no differences in meeting physical activity recommendations by age.

Meeting physical activity recommendations increased with annual household income level, however, there are no statistically significant differences.

**Met Physical Activity Recommendations, Overall and by Sub-groups  
St. Johnsbury Adults**



\*For adults, the CDC currently recommends they participate in 150 minutes of moderate physical activity or 75 minutes of vigorous activity per week. Strength building activities are recommended at least two times per week. For more information see:

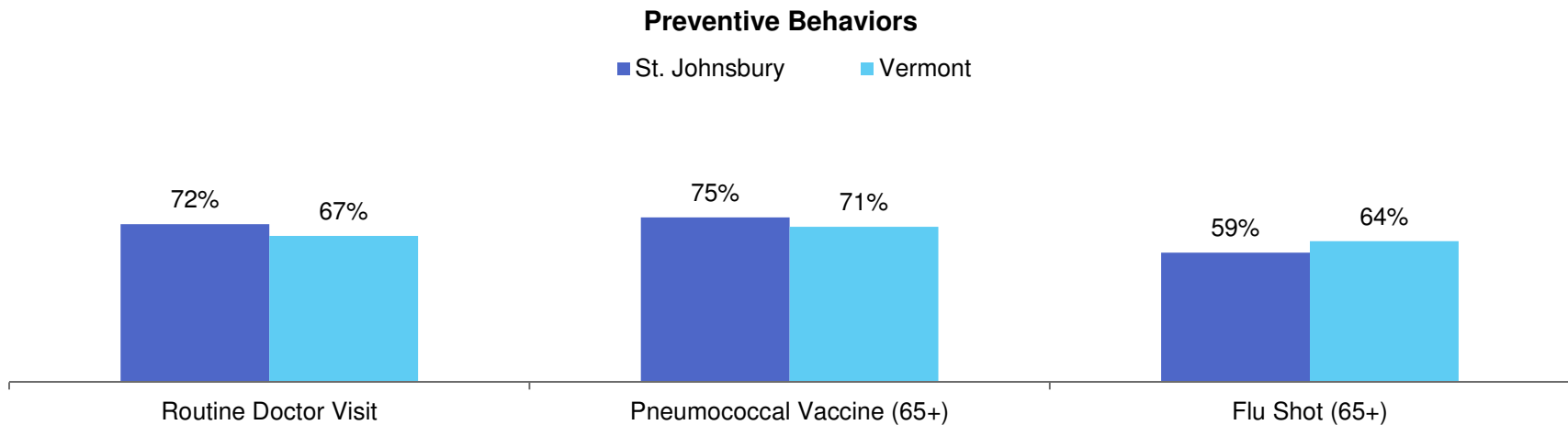
[www.cdc.gov/physicalactivity/everyone/guidelines/index.html](http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html)

## Preventive Behaviors

Nearly three-quarters (72%) of adults in the St. Johnsbury area said they saw their doctor for a routine visit in the previous year. This was similar to the 67% reported among all Vermont adults.

Three-quarters of St. Johnsbury area adults ages 65 and older have ever gotten a pneumococcal vaccine. Fewer, 59% reported having a flu shot in the last year.

- Vermont adults, ages 65 and older reported getting pneumococcal and flu shot vaccines at similar rates to St. Johnsbury adults, 71% and 64%, respectively.



## Preventive Behaviors

St. Johnsbury area women are significantly more likely to have made a routine visit to their doctor in the last year, compared with men (79% vs. 64%).

There are no statistical differences by gender in the receipt of a flu shot or pneumococcal vaccine, among St. Johnsbury adults 65 and older.

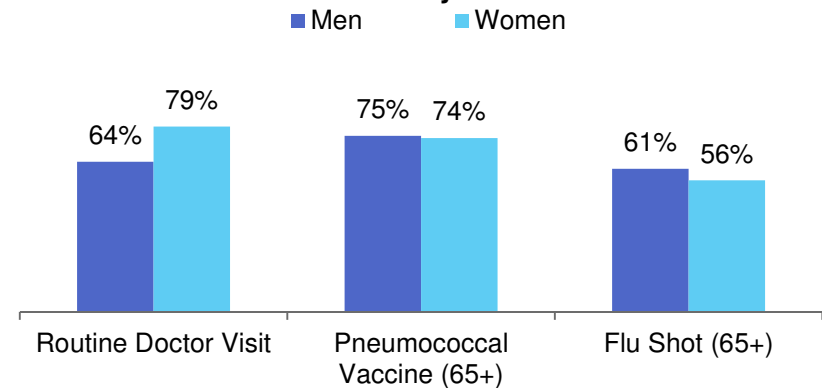
Routine visits to the doctor in the last year increase with age.

- Adults 65 and older are significantly more likely to have had a routine doctor visit than those 18-44 (88% vs. 62%).

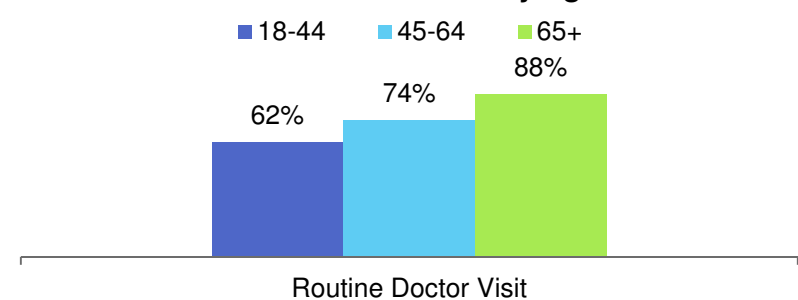
Rates of routine visits to the doctor, pneumococcal and flu shot vaccinations are more likely among those with more income.

- Adults in homes making \$50,000 or per year are significantly more likely than those in homes making \$25,000 to \$49,999 to have report a routine visit to their doctor (79% vs. 61%).
- Adults 65 and older in homes making \$25,000 to \$49,999 annually are statistically more likely to have gotten a flu shot compared with those making less than \$25,000.
- There are no statistical differences in pneumococcal vaccinations by annual household income level.

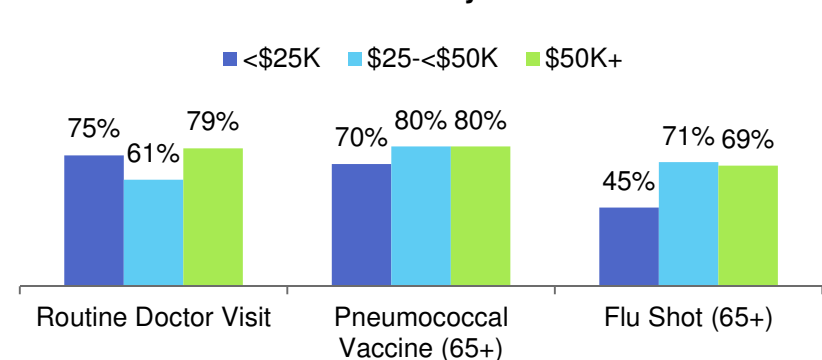
**Preventive Behaviors by Gender**  
**St. Johnsbury Adults**



**Preventive Behaviors by Age**



**Preventive Behaviors by Income Level**



## HIV Screening

In 2011-2012, a third of St. Johnsbury area adults had ever been tested for HIV. This is statistically similar to the 30% reported among Vermont adults overall.

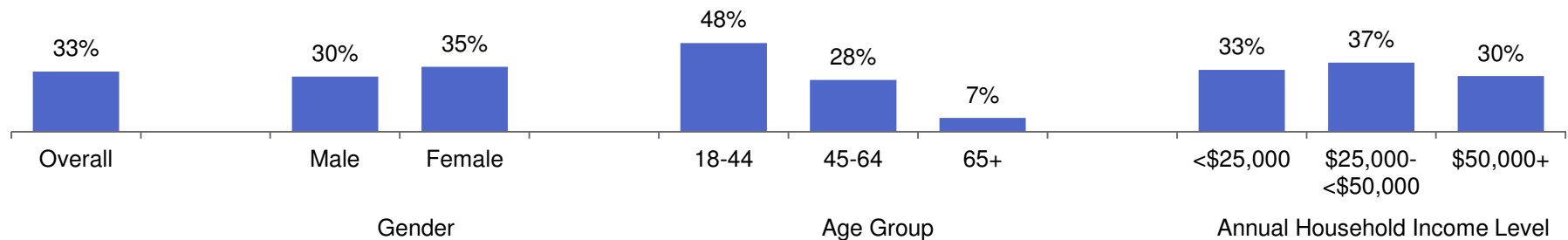
Men and women in the St. Johnsbury area report HIV testing at similar rates.

Ever having an HIV test decreases with increasing age. In other words, as adults age they are less likely to have had an HIV test.

- All differences by age are statistically significant.

There are no differences, among adults in the St. Johnsbury area, in HIV testing by annual household income level.

**Ever Had HIV Test, Overall and by Sub-Groups  
St. Johnsbury Adults**



## Cancer Screening

In 2012, eight in ten (79%) women ages 50-74 in the St. Johnsbury area reported meeting breast cancer screening recommendations. This is similar to the 82% among all Vermont women in this age group.

- The breast cancer screening recommendation is a mammogram every two years.

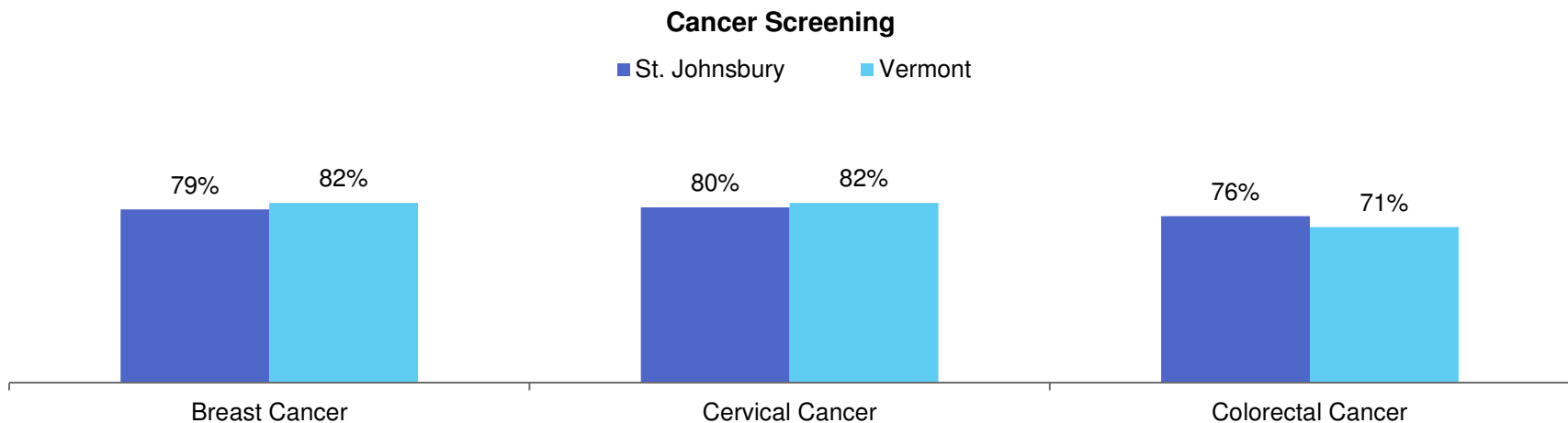
Eighty percent of women 21 and older who live in the St. Johnsbury area met cervical cancer recommendations, statistically similar to the 82% among Vermont women of the same age.

- Cervical cancer screening recommendations are for a PAP test every three years, and excludes women who have had a hysterectomy.

Among adults 50 to 75 living in the St. Johnsbury area, roughly three-quarters (76%) met colorectal cancer screening recommendations. This also is similar to the rate reported by all Vermonters of the same age (71%).

- Recommendations for screening for colorectal cancer are: a fecal occult blood test (FOBT) annually OR sigmoidoscopy ever five years and FOBT every three years OR colonoscopy ever ten years.

Data on cancer screenings are not broken out by subgroup as the screening recommendations are already limited by age and/or gender.



## Community Safety and Resources

Less than half of St. Johnsbury area adults said they use community resources for physical activity (e.g. parks, playgrounds and sports fields). As compared with Vermont adults overall, those living in the St. Johnsbury area are significantly less likely to use community resources for physical activity (58% vs. 46%).

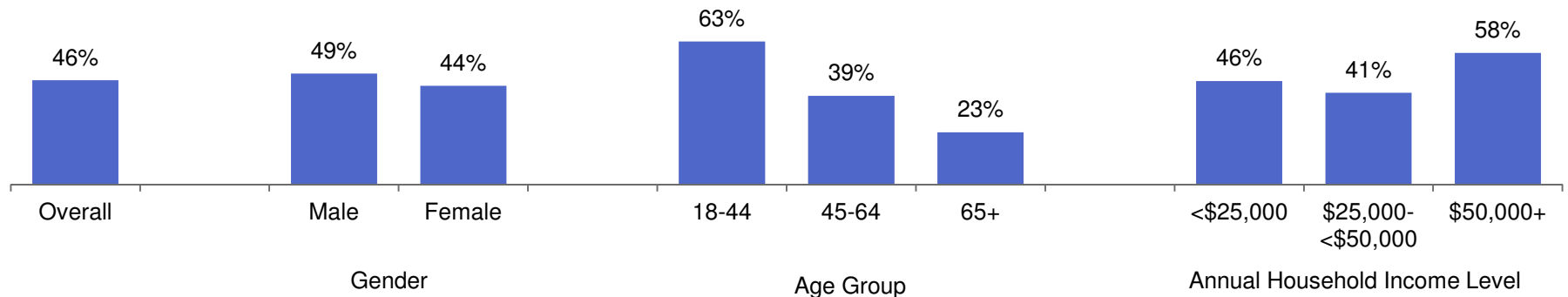
Men and women in the St. Johnsbury area use physical activity community resources at similar rates.

Use of community resources for physical activity decreases with increasing age.

- All differences, among St. Johnsbury adults, are significant by age.

St. Johnsbury area adults' use of community resources for physical activity is highest among those with the most annual household income, however, none of the differences are statistically significant.

**Use Community Resources for Physical Activity, Overall and by Sub-Groups  
St. Johnsbury Adults**





## Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

Jessie Hammond

[Jessie.hammond@state.vt.us](mailto:Jessie.hammond@state.vt.us)

802-863-7663

Additional sub-state level data can be found on the Vermont Department of Health website

<http://healthvermont.gov/hv2020/index.aspx>

Towns included in the St. Johnsbury Health District are: Barnet, Burke, Danville, Groton, Kirby, Lyndon, Newark, Peacham, Ryegate, Sheffield, St. Johnsbury, Sutton, Walden, Waterford, Wheelock, Concord, East Haven, Granby, Guildhall, Lunenburg, Maidstone, Victory, Newbury, and Topsham.